

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(Not for submission under 37 CFR 1.99)

Application Number		
Filing Date		
First Named Inventor		
Art Unit		
Examiner Name		
Attorney Docket Number		

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- See attached certification statement.
 Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.
 None

SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

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